

APPLICATION FOR TOWN BUSINESS, PROFESSIONAL AND/OR OCCUPATIONAL LICENSE

2009 Tax Year
Gross Receipts for calendar
year 2008

TOWN OF VIENNA, VIRGINIA

DEPARTMENT OF FINANCE
127 CENTER STREET, SOUTH
VIENNA, VIRGINIA 22180
(703) 255-6321

The BPOL will be made available in large
print or on audio cassette upon request.
TDD users dial 255-5735

ORD. SECTION	
DESCRIPTION	
RATE	
DATE BEGAN	

ACCOUNT #	
OCCUPANCY CERT. #	
2008 BL #	
SSN#	
FED#	
VA STATE SALES TAX #	

MAILING ADDRESS:

TRADE NAME
STREET/PO#
CITY/STATE/ZIP

OWNER'S NAME(S):
OR
CORPORATE NAME:
BUSINESS LOCATION
SUITE #
CITY/STATE/ZIP
TELEPHONE

PLEASE MAKE ANY CHANGES OR CORRECTIONS TO PREPRINTED INFORMATION ON WORKSHEET ENCLOSED

CALCULATION OF GROSS RECEIPT TAX

If you have ceased business: Date Ceased _____ 2008 Gross Receipts: \$ _____

Name/Address of Successor (If Any): _____

2008 GROSS RECEIPT TAX

Line a. If Worksheet Line 6 is \$50,000 or less, please enter \$30.00 on Line a and proceed to Line e. _____ \$ _____

Line b. If Worksheet Line 6 is more than \$50,000, enter worksheet Line 6 amount
divided by 100 _____ \$ _____

Line c. Appropriate rate (shown above or on rate chart) _____ \$ _____

Line d. 2008 gross receipts tax (Line b. times Line c.) _____ \$ _____

Line e. Flat fee license if applicable (see rate chart) _____ \$ _____

Line f. Alcoholic beverage fee (see rate chart) ABC No. _____ \$ _____

Line g. Mixed beverages (see rate chart) Seating capacity: _____ \$ _____

Line h. TOTAL 2009 TAX DUE (Sum of Lines a,d,e,f,g.) _____ \$30.00 minimum \$ _____

Line i. Add 10% penalty if filing after March 1, 2009 _____ \$3.00 minimum \$ _____

Line j. Total 2009 TAX and PENALTY _____ \$ _____

Line k. 10% PER ANNUM INTEREST ON TAX & PENALTY (.00833 x NUMBER OF MONTHS LATE x Line j.) _____ \$ _____

Line l. Balance due from prior year _____ \$ _____

Line m. TOTAL TO BE PAID TO TOWN OF VIENNA _____ \$ _____

PLEASE ANSWER ALL QUESTIONS.

1. WHAT KIND OF ENTITY IS THIS BUSINESS? ☐ INDIVIDUAL ☐ GENERAL PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY
☐ LIMITED PARTNERSHIP

2. WHAT IS THE NAME AND PHONE NUMBER OF THE PERSON TO CONTACT REGARDING QUESTIONS THAT MAY ARISE PERTAINING
TO THIS APPLICATION? NAME: _____ PHONE () _____

3. DO YOU RENT OR LEASE THE BUSINESS PREMISES? () YES () NO

IF YES, FURNISH NAME AND ADDRESS OF LANDLORD OR LESSOR.

NAME: _____ ADDRESS: _____

AMOUNT OF ANNUAL RENT \$ _____

BUSINESS LICENSE # _____	MIXES BEVERAGES # _____
ABC - ON # _____	VENDOR STICKER # _____
ABC - OFF # _____	
TOWN OF VIENNA TREASURER	

RETURN THE FOLLOWING BY MARCH 1, 2009

- PAYMENT IN FULL
- ALL COPIES OF THIS FORM
- WORKSHEET
- RENTAL BY OWNERS: SUBMIT LIST OF RENTERS
- CONTRACTORS, BUILDERS & DEVELOPERS - VWC FORM 61A

LICENSE IS NOT TRANSFERABLE.

I declare that the statements and figures herein given are true,
complete, full and correct to the best of my knowledge and belief.

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE